

## Appendix 6 ■ Withdrawal of Request for State Hearing Form DPA 315 (7/99)

|   |                                    |  |                                    |
|---|------------------------------------|--|------------------------------------|
| STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY  |                                    | CALIFORNIA DEPARTMENT OF SOCIAL SERVICES         |                                    |
| <input type="checkbox"/> WITHDRAWAL   |                                    | <input type="checkbox"/> CONDITIONAL WITHDRAWALS |                                    |
| <b>OF<br/>REQUEST FOR HEARING</b>   |                                    |  |                                    |
| Case Name: _____  |                                    | County Case No: _____                            |                                    |
| State Hearing No: _____   |                                    | Filing Date: _____                               |                                    |
| County: _____   |                                    | Hearing Date: _____                              |                                    |
|   |                                    | Hearing Time: _____                              |                                    |
| _____, the undersigned do hereby:   |                                    |  |                                    |
| <input type="checkbox"/> Withdraw my request for a state hearing before the State Department of Social Services. I understand that by withdrawing my request, I lose my right to a hearing on that request. I also understand that by withdrawing my request for hearing, aid which has been paid because of the request will stop without further notice. I may, however, file a new hearing request raising the identical issue provided that the new request is timely per Manual of Policies and Procedures Section 22-009.   |                                    |  |                                    |
| <input type="checkbox"/> Conditionally withdraw my request for a state hearing before the State Department of Social Services. I understand that by conditionally withdrawing my request for hearing, aid which has been paid because of the hearing request will stop without further notice. I understand that the county will issue a redetermination notice within 30 days and that I must request a hearing within <b>90 DAYS</b> of the county's notice if I am not satisfied with the county's reconsideration of my case. Upon such renewal, I shall have the same rights I would have had if I had not signed this conditional withdrawal. |                                    |  |                                    |
| <b>NOTE:</b> A conditional withdrawal must provide that the actions of both parties will be completed within 30 days.   |                                    |  |                                    |
| The reasons for or conditions of this withdrawal are: _____   |                                    |  |                                    |
| _____   |                                    |  |                                    |
| _____   |                                    |  |                                    |
| _____   |                                    |  |                                    |
| _____   |                                    |  |                                    |
| Signed  |                                    | Signed   |                                    |
| _____<br><small>(County Representative)</small>   | _____<br><small>(Date)</small>     | _____<br><small>(Claimant)</small>               | _____<br><small>(Date)</small>     |
| _____<br><small>(County Address)</small>  |                                    | _____<br><small>(Address)</small>                |                                    |
| _____<br><small>(City)</small>  | _____<br><small>(Zip Code)</small> | _____<br><small>(City)</small>                   | _____<br><small>(Zip Code)</small> |
| _____<br><small>(Telephone Number)</small>  |                                    | _____<br><small>(Telephone Number)</small>       |                                    |
| <b>NOTE:</b> A Conditional Withdrawal must also be signed by a County Representative or it is invalid.  |                                    |  |                                    |
| DPA 315 (EngSp) (7/99)  |                                    |  |                                    |

This document is located at  
<http://www.cdss.ca.gov/cdssweb/entres/forms/English/DPA315.PDF>.